Under the Paper	work Reduction Ac	l of 1995,	no persons are re	quired to respo	U nd lo:	I.S. Patent and	Approved in Trademark Office of the Control of the	for use the Fice; U.S.		0/58/06 (08-03 0NB 0651-003 0P COMMERCE
U.S. Patent and Trademark Of Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unit PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Applies a valid OMB ophrol number.		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						18223 SMALL	ENTITY	OR		R THAN ENTITY
FÓR			BER EXTRA	ו	RATE	FEE	7		1	
BASIC FEE (D7 CFR 1,16(a))					7	10112	1,	1	RATE	FEE
TOTAL CLAIMS (37 CFR.1.16(c))		minus:	20 = .		7	x: .	1	OR		-
SIDEPENDENT CL (37 CFR 1.16(b))	AIMS	minus	3		1	X 5 a	 	OR	× 5	
MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.16(d))					1		 	OR	× 3	
"If the difference in column 1 is less than zero, enter "O" in column 2.						+5	 	OR	+5	ļ
						TOTAL	<u> </u>	OR	· TOTAL	L
LI DY										
(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	R THAN
₹	CLAIMS. REMAINING	1	HIGHEST . NUMBER	PRESENT	7 [RATE	ADO1-) ·		
Z W	AFTER AMENOPHENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL	1	RÀTE .	ADOI- TIONAL
Total Cr Crit 1.14(d)	12/2	Minus	12	12	7	x 25		:	×450	- /// //
Total Total Grown 1.14(c) Independent Grown 1.14(c)		Mires	5	13-1	1	*: 10C		OR .	× 200	100
FIRST PRESENTATION OF MATTPLE DEPENDENT CLAIM (37 CFR 1.15(4))						180		OR	21.0	
						TOTAL		OR	TOTAL	IAA
•	(Column 1)	•	10-1			ADO'L FEE		OR '	ADD'L FEE	100
00	CLABAS		(Column 2) HIGHEST	(Column 3)	ו ר	`		1		
Ž	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	П	RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
Total profession	•	Minus	**	•	1	26	FEE		20	FEE .
Total promised in curons in second	· · ·	Minus		-	1	THE PROPERTY OF		OR	*******	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (27 CFR 1, 19(4))						~ 18 21		OR	X4: IUU	
1/0°R1,18(4)						TOTAL		OR	+.360	
						ADD' FEE		OR	ADOL FEE	
J	(Column 1)		(Column 2) HIGHEST	(Column 3)				•		
2	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE .	ADD1-		RATE	ADDI
U Total	AMENDMENT	Wins	PAID FOR		╽┟	ابر خ	TIONAL FEE	Į		TIONAL FEE
Total (DI CFR 1.18(4)) Independent (DI CFR 1.18(4))	·	Minus		-		-25		OR	<u>*:50.</u>	
DF CFR 1.16(b)	ــــــــــــــــــــــــــــــــــــــ	لببا	.32.		$\downarrow \downarrow$	- 100		_02	TOOILE	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 OFR 1.1600)						+3)XQ		OR .	+36D	
9 If the and-	-441				- 4	TOTAL ADOL FEE		OR	TOTAL ADDL FEE	
" If the "Highest	olumn 1 is less tha Number Previously	n the anti-	in column 2, write	V in column :	3. ,				1	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an explication. Contidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection to estimated to late 12 minutes in complete, including gathering, properting, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the endount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.